



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL

City of Hospital: Paoli

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5384615
Outpatient Patient Service Revenue	\$60941863
Total Gross Patient Service Revenue	\$66326478

2. Deductions From Revenue

Contractual Allowance	\$40009744
Other Deductions	\$-1154907
Total Deductions	\$38854837

3. Total Operating Revenue

Net Patient Service Revenue	\$27471641
Other Operating Revenue	\$296035
Total Operating Revenue	\$27767676

4. Operating Expenses

Salaries and Wages	\$7625531	Employee Benefits	\$1970652
Depreciation and Amortization	\$1458962	Interest Expense	\$0
Bad Debt	\$2672050	Other Expenses	\$14373730
Total Operating Expenses	\$28100925		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-333249	Total Assets	\$30879945
Net Non-operating Gains over Loss	\$1347942	Total Liabilities	\$30879945

Total Net Gains	\$1014693
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29585060	\$19387170	\$10197890
Medicaid	\$16608435	\$12279608	\$4328827
Other Government	\$1149287	\$849772	\$299515
Other State	\$0	\$0	\$0
Other Payers	\$18983695	\$9010336	\$9973359
Total	\$66326477	\$41526886	\$24799591

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5924	\$-5924

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$65395	\$-65395
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	50

Statement Six: Charity Statement

Hospital Charity Charges	\$1978835
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$764424	
HCI Payments	\$0		
Subtotal	\$0	\$764424	\$-764424
Medicaid Shortfalls	\$4375598	\$7289052	
Subtotal	\$4375598	\$8053476	\$-3677878
DSH Payments	\$0		
Subtotal	\$4375598	\$8053476	\$-3677878
Medicare Shortfalls	\$8843050	\$9142423	
Other Government Programs	\$0	\$0	
Total	\$13218648	\$17195899	\$-3977251

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$497819	\$-497819
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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